

**PERSONNEL CABINET
EMPLOYEE ORIENTATION ACKNOWLEDGEMENT FORM
NEW EMPLOYEE PERFORMANCE
EVALUATION SYSTEM**

I hereby certify that I have received orientation on the New Employee Performance Evaluation System in the form of the Employee Evaluation Handbook. I understand the following:

- 1) Performance evaluations shall be completed on all full time classified merit employees who:
 - A) hold status as of January 1 of the performance year, and
 - B) have remained in continuous merit status throughout the performance year.
(January 1 through December 31)
- 2) My evaluator (supervisor) shall establish a performance plan which consist of job duties, expectations and assigned points. The evaluator will meet with me to discuss the performance plan and the evaluation system within thirty (30) days of the start of the performance period.
- 3) Interim reviews between the evaluator and myself are required every four (4) months during the performance year.
- 4) My evaluator shall complete my annual performance evaluation within thirty (30) days after the end of the annual performance period.
- 5) Should I receive the highest possible **overall** rating of "Outstanding", I shall receive the equivalent of two (2) workdays of annual leave, not to exceed sixteen (16) hours of annual leave.
- 6) Should I receive the second highest possible **overall** rating of "Highly Effective", I shall receive the equivalent of one (1) workday of annual leave, not to exceed eight (8) hours of annual leave.
- 7) Should I receive an overall rating of "Unacceptable", the agency shall:
 - A) Demote me to a position commensurate with my skills and abilities, or
 - B) Terminate my employment.
- 8) I may appeal any aspect of the evaluation through the internal reconsideration process.
- 9) I may **only** appeal **overall** ratings of "Needs Improvement" and/or "Unacceptable" to the Personnel Board.

I have read and understand the above. I understand my supervisor will maintain this form in my performance evaluation file until my annual performance evaluation. Upon completion of my annual performance evaluation, this form will be sent to the agency's central personnel office to be filed in my personnel file.

Employee's Signature: _____ Date: _____

Social Security Number: _____

Agency: _____ Department: _____

Evaluator's Signature: _____ Date: _____
(Supervisor's)